## PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate \*FEE ADDRESS\* for maintenance fee notifications.

FIRST NAMED INVENTOR

Barbara A. Bell

PUBLICATION FEE

\$300

(Date) \_\_\_\_August 10, 2009

40,978

Registration No.

ISSUE FEE

\$1510

/Sean P. Daley/

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

11/04/2003

SMALL ENTITY

NO

26161 7590 6/5/2009

FISH & RICHARDSON P	.С
P.O. Box 1022	
Minneapolis, MN 55440-10	22

TITLE OF INVENTION: EMBOLIC COMPOSITIONS

10/700.970

APPLN, TYPE

nonprovisional

(Authorized Signature)

Typed or Printed Name

EXAMINER	ART UNIT		CLASS-SUBCLASS			
KILIMAN, LESZEK B.	179	794				
<ol> <li>Change of correspondence address or indication of "Fee CFR 1.363).</li> </ol>	Address" (37	For printing on the patent front page, list names of up to 3 registered patent attorneys		neys or	1. Fish & Richardson P.C.	
<ul> <li>Change of correspondence address (or Change of Co Address form PTO/SB/122) attached.</li> </ul>	firm (having	agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent	2			
<ul><li>[ ] "Fee Address" indication (or "Fee Address" Indicati PTO/SB/47; Rev 03-02 or more recent) attached. Use of Number is required.</li></ul>		attorneys or agents. If no name is listed, no name will be printed.		attorneys or agents. If no name is listed, no name		3
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (geint or type) PLEARE NOTE throat substances is identified below, no assignee data upgear on the patent. Includion of assignee data is only appropriate when an assignment has been previously submitted to the US/PIO or is being submitted under separate cover. Completient of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY)						
Boston Scientific Scimed, Inc. Maple Grove, MN						
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4a. The following fee(s) are enclosed:  [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [] Advance Order - # of Copies			Ab. Psyment of Fee(s):  [] A check in the amount of the fee(s) is enclosed. [] Payment by credit card. Form PTO-2038 is stached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 26-(190) (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)						
[ ].a. Applicant claims SMALL ENTITY status. See 37	CFR 1.27.	[ ]b. App	dicant is no longer claimir	g SMALL E	NTITY status. See 37 CFR 1.27(g)(2).	
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This collection of information is required by 37 CFR 1.31.1 The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 51 U.S.C. 120 and 37 CFR 1.14.1 This collection is estimated to take 12 minutes to complete, including aghering, perparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or angestion, for reducting this bodied, should be sent to the Chief Information Officer, 12.5 Perior and Transferred Officer, U.S. Perior and

Sean P. Daley